

# REPORTED GAS LEAKS AND ODOR REPORTS

## PROPANE SAFETY MEETING OUTLINE

### Summary

All employees must be trained and prepared to respond immediately to reports of gas leaks and odors, according to company standard operating procedures.

### Who should attend

- Delivery truck drivers
- Service and installation technicians
- Customer service representatives (front office staff)

NOTE: Employees in these job categories who do not attend (see below) should be trained on this subject as soon as possible.

### Additional material

AFRED's new customer packet including *Home Safe Home* brochure and Scratch and Sniff propane odor information.

### Key information for this topic

National Fire Protection Association (NFPA) 54, *National Fuel Gas Code*, 1999 edition

Appendix D, Suggested Method for Checking for Leakage

Appendix E, Suggested Emergency Procedure for Gas Leaks

### Related information

- Company should have established procedures for handling reports of gas leaks and odors.
- Accurate test equipment should be available for use, including a suitable gas leak detection device. Employees should be properly trained in the use of test equipment.
- The person performing the tests must hold the proper Railroad Commission LP-gas certification.

### Company Standard Operating Procedures (SOP)

Note any additional materials used on the attached documentation form, or indicate not applicable.

A company SOP may provide:

- clear identification of customer reports of leak and odor conditions as they are dispatched to company delivery or service personnel;
- warning and means of documenting warnings to customers.
- Warnings should properly notify customers of the hazards and potential hazards associated with interruptions of service, out-of-gas situations, restoring gas service, the operation of appliances, gas odors, gas leaks and/or gas accumulations.

### Documentation

Attach a list with the date, time and location of the safety meeting and the printed names and signatures of attendees, names of persons who need to attend but did not, and copies of any materials distributed, video shown, or visual aids used in a demonstration. These materials should be properly filed in a safe location.



RAILROAD COMMISSION OF TEXAS

# REPORTED GAS LEAKS AND ODOR REPORTS

## PROPANE SAFETY MEETING HANDOUT



All gas leaks are serious and take priority over all other service work.

The more information the customer can provide, the better the service technician can prepare to make the repair.

### When a customer calls to report a gas leak or odor:

- Get the name and location of the installation.
- Record time of call, name of person calling and time service technician was sent.

### Instruct the person reporting to:

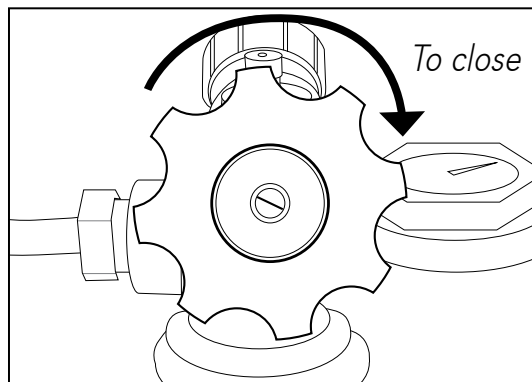
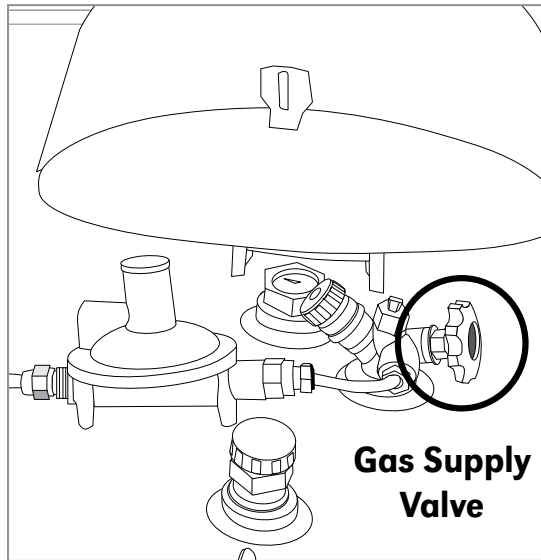
- Not use a telephone or cell phone inside the building or area where the leak or odor is suspected to be located
- Instruct everyone to immediately extinguish all smoking materials and other open flames. Do not operate lights, appliances, or telephones, including cell phones. Ensure there are no open flames or other sources of ignition nearby.
- Instruct all individuals to immediately vacate the building or area where gas is suspected to be leaking.
- Turn off the main gas supply valve on the propane tank, if it is safe to do so. To close the valve, turn it to the right (clockwise).
- Not return to the building or area until an authorized person determines that it is safe to do so.
- Not attempt to use any of the propane appliances until a qualified propane service technician checks the entire system to ensure it is leak-free.

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*Source: Railroad  
Commission of Texas*



RAILROAD COMMISSION OF TEXAS



**PROANE**  
**SAFETY**

RAILROAD COMMISSION OF TEXAS

# PROPANE SAFETY MEETING

## DOCUMENTATION FORM

Topic:

Name of Company:

Location:

City:

State:

Zip:

Date:

Instructor (Print Name)

Instructor (Signature)

If applicable, Instructor's Company/Address/Telephone and Cell Telephone No.:

Materials used at meeting (Attach copies of any printed materials distributed)

### NOTES



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## ATTENDEES

Clearly Print Name

Signature

## ABSENTEE MAKEUP TRAINING

Date:

Instructor (Print Name)

Instructor (Signature)

If applicable, Instructor's Company/Address/Telephone and Cell Telephone No.:

# ABSENTEES

Clearly Print Name

Signature